MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

09155

Reg. Dist. No. 2 F 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: US NAS PAT. RIV., Md.
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary US NAS, PAT. RIV., Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: North Dakota — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bottineau
STREET ADDRESS (If rural give location): Route #2

3. NAME OF DECEASED (Type or Print): (First) Ardell (Middle) Elwood (Last) Aason

4. DATE OF DEATH: (Month) 9/ (Day) 29/ (Year) 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 4/16/28

9. AGE Last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): US Navy

10b. KIND OF BUSINESS OR INDUSTRY: US Navy

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 4/17/45 to 9/29/51

16. SOCIAL SECURITY NO.: -------

17. INFORMANT: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Multiple severe injuries — Interval between onset and death: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 819.5 (c) 170.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway — (CITY OR TOWN): Ridge — (COUNTY): St. Mary's — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 9 25 51 11:50 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? auto accident - flipped

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) — ADDRESS: Lexington Park Md — DATE SIGNED: 9/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 10-2-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Bottineau, North Dakota

DATE REC'D BY LOCAL REG.: 10-2-51 — REGISTRAR'S SIGNATURE: Camalier

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Maryland

RECEIVED
OCT 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

69156

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) James; (Middle) Grant; (Last) Bennett

4. DATE OF DEATH: (Month) 9/ (Day) 10/ (Year) 1951

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4/9/1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Mosses Bennett

14. MOTHER'S MAIDEN NAME: Zora Biscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Laura Bennett - Ridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive Cardio-Vascular Disease

(c)

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete Blindness

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 1951, to 9-10, 1951, that I last saw the deceased alive on 9-8, 1951, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE: Robert J. Thibadeau (Degree or title) M.D. ADDRESS St. Inigoes, Md. DATE SIGNED 9-11-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF 9/13/51; NAME OF CEMETERY OR CREMATORY St. Peters Cemetery; LOCATION (City, town, or county) (State) Ridge, Maryland

DATE REC'D BY LOCAL REG. 9-12-51; REGISTRAR'S SIGNATURE C. Beane MD

24. FUNERAL DIRECTOR ADDRESS P.B. Robinson - Leonardtown, Maryland.

RECEIVED
SEP 17 1951
BUREAU V. S.

09157

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Marys City
LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) R. (Last) Breen
4. DATE OF DEATH (Month) Sept. (Day) 2 (Year) 1951

5. SEX Mal
6. COLOR OR RACE color
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 8
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor - Foreman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jim Breen
14. MOTHER'S MAIDEN NAME Cline Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Fred R. Breen

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Asphyxia due to drowning | minutes |
| 850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 172 | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River
(CITY OR TOWN) St. Mary's City (COUNTY) St. Mary's (STATE) M
TIME OF INJURY (Month) 9 (Day) 2 (Year) 51 (Hour) 4:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell overboard from row boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Lexington Park, Md. DATE SIGNED 8/4/51

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Sept 6 1951
NAME OF CEMETERY OR CREMATORY Maple Wood
LOCATION (City, town, or county) North Carolina (State)
DATE REC'D BY LOCAL REG. 9-5-51
REGISTRAR'S SIGNATURE F. A. Camalier
24. FUNERAL DIRECTOR Hargett F. H. ADDRESS 906 E. Market, Greensboro N.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
SEP 7 1951
BUREAU V. S.

09158

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural St Inigoes
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, St Inigoes
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Gene (Middle) Warren (Last) Dickens

4. DATE OF DEATH (Month) Sept (Day) 14 (Year) 1951

5. SEX Male

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH April 17/51

9. AGE last birthday — yrs. If under 1 year Months 4 Days 27 If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Balto City Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Willie Dickens

14. MOTHER'S MAIDEN NAME Helen Croff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT Helen Dickens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Asphyxiation (smothered in bedding) | 2 hours |
| 924.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 182 | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) St Inigoes (COUNTY) St Marys (STATE) Md

TIME OF INJURY (Month) Sept (Day) 14, (Year) 1951 (Hour) 5A m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Smothered in bedclothes.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED Sept 14, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept 15/51 NAME OF CEMETERY OR CREMATORY St Luke's Cemetery LOCATION (City, town, or county) St Marys County (State) Md

DATE REC'D BY LOCAL REG. Sept 14/51 REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown Md

204171285351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215A

51-08666

RECEIVED
SEP 17 1951
BUREAU V. S.

Item 18 Film 0137 11-2-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

09159

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY St. Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood ( rural ) LENGTH OF STAY (In this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) Rural |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Celestina | Lopez | Fagan | 9/ | 25/ | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | colored | widowed | 4/ 16/1874 | 76 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housewife | | Cuba | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Phillip Lopez | Viviana Sanchez |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | ---------- | Marie L. Connor - Hollywood, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hypostatic Starvation Edema due to its, inability to take foods | 3 weeks |
| 352K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 832 | (b) Hypotension & Hemiplegia. | 10 yrs |
| | (c) a- Partially due to Paralysis and 6 or 7 ds. from septic coma due to absorption from bedsores. (11-2-51) ams | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from July 15 1949, to 9-26., 1951, that I last saw the deceased alive on 9-24, 1951, and that death occurred at 9:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F.F. Greenwell Leonardtown Md 9-25-51

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, Town, or county) (State) |
|---|---|---|---|
| Burial | 9/28/51 | St. Aloysius | Leonardtown, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 9/28/51 | Camalier | P.B. Robinson- Leonardtown, Md. |

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

-5169

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH: COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seotland; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Harry (Last) Fenhagan

4. DATE OF DEATH: (Month) 9/13/ (Day) (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12/18/1878

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Md. State Tidewater

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fenhagan

14. MOTHER'S MAIDEN NAME: Mary Cullison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT AND ADDRESS: Eva E. Fenhagan - Scotland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary Heart Disease | 3 years |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic arterio sclerosis | 5 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Sept 13, 1951, that I last saw the deceased alive on Sept 13, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: P J Brown (Degree or title) MD; ADDRESS: Great Mills Md; DATE SIGNED: Sept 14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 9/17/51; NAME OF CEMETERY OR CREMATORY: St. Michaels Cemetery; LOCATION (City, town, or county) (State): Ridge, Maryland

DATE REC'D BY LOCAL REG.: Sept 14/51; REGISTRAR'S SIGNATURE: P J Brown MD

24. FUNERAL DIRECTOR: P.B. Robinson - Leonardtown, Md. ADDRESS

VS-A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lafayette (Middle) (Last) Graves

4. DATE OF DEATH (Month) 9/ (Day) 3 (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 3/23/1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William T. Graves
14. MOTHER'S MAIDEN NAME Dorcilla L. Buckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --------
17. INFORMANT AND ADDRESS Mabel Buckler - Laurel Grove, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 wks

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83X (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to 9/3, 1951, that I last saw the deceased alive on 9/3, 1951, and that death occurred at 2:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Geyther, M D ADDRESS Mechanicsville, Md DATE SIGNED 9/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/6/51
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
LOCATION (City, town, or county) (State) Laurel Grove, Md.

DATE REC'D BY LOCAL REG. 9-5-51
REGISTRAR'S SIGNATURE Camarien
24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. ..... 9162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abell | LENGTH OF STAY (In this place) 4 days | HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham | STREET ADDRESS (If rural give location) —

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Andrew | Phelps | Heinz | Sept | 15 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | single | June 4 1926 | 25 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Student | Divine Savior Seminary | Illinois Peoria | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Philip Heinz | Estelle Heinz |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | — | Rev Father W J. Heberson |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**Immediate cause** (a) Asphyxia due to Drowning — Interval between onset and death: minutes

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

850.8 / 172

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | — | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | creek | Abell | St. Mary's | Md |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? |
|---|---|---|
| Sept 15-1951 5:30 p.m. | | Falling creek from speed boat |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John S. Lane (Degree or title) ADDRESS Leonardtown, Md. DATE SIGNED 9/15/51

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept 19-51 | SACRED HEART OF JESUS CEMETERY | Kingsport Mo. |

| DATE REC'D BY LOCAL REG | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/16/51 | F. A. Camalier M.D. | Jos. C. Mattingley | Leonardstown Maryland |

VS-4M-5A

RECEIVED
1951
V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: pl[illegible] write the [illegible]uses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY US NAS, PAX RIV. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY USNAS, PAX RIV., Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE US NAS, Pax Riv., Md. COUNTY St.Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | Maynard | JONES | 9 | 12 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | CAUCASIAN | Married | 6-12-13 | 38 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| U.S. NAVY | U.S. NAVY | Mass. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| unknown | unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| 2-2-31 9-12-51 | | U. S. NAVY RECORDS |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) THROMBOSIS, CORONARY ARTERY | NONE |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | |
| (c) | |

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from [illegible] Alive on [illegible] and that death occurred at 0245 a.m., from the causes and on the date stated above.

SIGNATURE H. F. GILLESPIE (Degree or title) CAPT MC USN ADDRESS The Medical Officer DATE SIGNED 9-12-51

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Transportation | 9-17-51 | Washelli Cemetery | Seattle, Washington |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Sept 14/51 | O.J. Beam MD | O.E. Dickinson, [illegible] | |

RECEIVED
SEP 17 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09164

# CERTIFICATE OF DEATH

Reg. Dist. No. 87

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Pelham | Edward | Lucas | Sept | 10 | 1957 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Single | July 26 1892 | 59 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Waterman for self | Oysters & crabs | Maryland St Marys | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles Lucas | Helen Martin |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | — | Sydney Lucas |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Indigestion with acute Fibrillation of Heart

940 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 9-8, 1957, to 9-10 1957, that I last saw the deceased alive on 9-10, 1957, and that death occurred at 9:30 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| F F Brunwell | MD | Leonardtown Md. | |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept 13 1957 | St Pauls | Leonardtown St Marys Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9-11-57 | J. L. Camalier | Jos C. Mattingly | Leonardtown Maryland |

VS. A5

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oraville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oraville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Samuel (Last) Pilkerton
4. DATE OF DEATH (Month) Sept (Day) 22 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 1887
9. AGE last birthday 64 yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinted Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Pilkerton
14. MOTHER'S MAIDEN NAME Mary Jarboe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 11-8-1918 5-29-1919 war # 1
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Mary F. Pilkerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Coronary occlusion | immediate |
| 426.1 Antecedent cause(s) | (b) | Chronic myocarditis with | 5 years |
| 124 Ir Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | congestive failure | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19.... and that death occurred at 845 A.m., from the causes and on the date stated above.

SIGNATURE Roy Guyther, MD (Degree or title) ADDRESS Mechanicsville DATE SIGNED 9/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 24 1951
NAME OF CEMETERY OR CREMATORY St. Joseph
LOCATION (City, town, or county) Morganza St Marys Md (State)
DATE REC'D BY LOCAL REG. Sept 24 1951
REGISTRAR'S SIGNATURE F. A. Camalier MD
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

26 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hermanville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hermanville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Infant (Last) Reed No 2

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9-12-51

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harris Reed

14. MOTHER'S MAIDEN NAME: Agnes Irene Sasson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bessie Sasson Hermanville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature birth (6 months) cause unknown — Interval between onset and death: 2 hrs.

776X Antecedent cause(s)

15' Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1951, to Sept 12 1951, that I last saw the deceased alive on Sept. 12, 1951, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P.J. Beany M.D. Great Mills Md Sept. 12/51

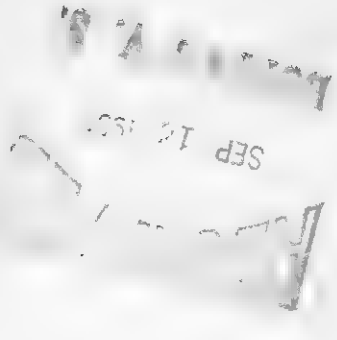
23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-12-51 — NAME OF CEMETERY OR CREMATORY: Zion Fair Cemetery — LOCATION (City, town, or county): Hermanville — (State): Md.

DATE REC'D BY LOCAL REG. 9-12-51

REGISTRAR'S SIGNATURE P.J. Beany M.D.

24. FUNERAL DIRECTOR ADDRESS: Endrest Hill Hermanville Md

109121258262



09167

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hermanville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hermanville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Infant Elanor (Last) Reed No 1

4. DATE OF DEATH (Month) (Day) (Year) Sept 12 1951

5. SEX Female

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Sept 12/51

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Harris Reed

14. MOTHER'S MAIDEN NAME Agnes Irene Saxon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Bessie Saxon, Hermanville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature birth (6 months) cause unknown — INTERVAL BETWEEN ONSET AND DEATH 12 hours

776X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12 1951, to Sept 12 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE P J Bean MD (Degree or title) ADDRESS Great Mills Md DATE SIGNED Sept 12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept 13/51

NAME OF CEMETERY OR CREMATORY Zion Fair Cemetery

LOCATION (City, town, or county) (State) St Marys Co. Md.

DATE REC'D BY LOCAL REG. Sept 12/51

REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR Andrew Hill, ADDRESS Hermanville Md

119121257262

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
SEP 14 1951
BUREAU V. S.

09168

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurry
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurry
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Latham (Last) Wheeler

4. DATE OF DEATH (Month) Sept (Day) 13 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec 6 1896
9. AGE last birthday 54 yrs. If under 1 year Months 9 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant for self
10b. KIND OF BUSINESS OR INDUSTRY General Merchant
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Wheeler
14. MOTHER'S MAIDEN NAME Ella Latham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) U.S.A. (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Maude R. Wheeler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Astrocytoma — malignant (brain tumor) | 15 mos |
| 193X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 54b | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1957, to Sept 13, 1957, that I last saw the deceased alive on Sept 6, 1957, and that death occurred at 2.15 p.m., from the causes and on the date stated above.

SIGNATURE Roy Luther, M.D. (Degree or title) ADDRESS Mechanicsville, Md DATE SIGNED 9/14/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 15-1957
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood St Mary's (State) Md

DATE REC'D BY LOCAL REG. Sept 14-51
REGISTRAR'S SIGNATURE F. A. Camalier M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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